October 2014 Update

MCSP Educational Cancer Registry Workshop ~

MCSP staff would like to thank all who participated in the full day workshop held in Lansing on September 12. We hope that attendees found the presentations interesting and useful. We'd especially like to thank Debra Duquette and Sarah Mange from the Department of Community Health for their presentation on cancer genomics. We have reviewed your feedback forms and urge you to forward other comments and suggestions so we can improve the content and format of future workshops.

New Staff Member at the Michigan Cancer Surveillance Program ~

In September 2014, Stacey Coltrain joined the Michigan Cancer Surveillance Program staff as a Cancer Registry Operations Technician at the Department of Community Health in the Division of Vital Records and Health Statistics. Stacey is a graduate of Baker College, with an Associate Degree in Health Information Technology. She holds the credential of Registered Health Information Technician (RHIT).

MCSP Submission of Data ~

Please note the submission of data reminders listed below:

- Diagnosis year 2013 and earlier cases were due to the MCSP by ***September 30, 2014***.
- Diagnosis year 2014 cases from January through March are required to be submitted by September 30, 2014. *(Regardless of submission due dates, please submit data on a monthly basis to the MCSP.)*

  ***Exception*:** Abstract Plus users will not be able to abstract diagnosis year 2014 cases until after 2013 cases are submitted to the MCSP. Detailed instructions on how to upgrade to NAACCR version customized for Michigan, which is required for diagnosis year 2014, will be provided at a later date.

Facilities found to be non-compliant with the Michigan cancer reporting requirements will be addressed and corrective action taken if necessary.

NOTE: If your registry is in the SEER area (Wayne, Oakland or Macomb County) and you have questions regarding submission of data, please contact your SEER-State Coordinator, Jeanne Whitlock at 313.578.4219 or whitlock@med.wayne.edu.

Labeling of Electronic Submission Files ~

Electronic submission of data files (excluding registries in the SEER area – Wayne, Oakland or Macomb County) that are submitted to the Michigan central cancer registry MUST be labeled according to the guidelines as provided in the MCSP Cancer Program Manual.

Summary of guidelines

Once the export file has been created, label the file as MI (Michigan) followed by your 5-digit facility number, then add the date stamp (YYYYMMDD) which is the date the file was created. For example, facility 98765 created an export file on April 28, 2014. The file will be named MI9876520140428, plus the extension assigned by their software. The extension for Metriq is either .xva (new case) or .xvm (updated case) and will automatically be assigned. The extension assigned by Abstract Plus is always .txt.

If you are sending more than one file at a time, please make sure that EACH file is numbered appropriately by adding -1, -2, -3, etc. to the file name. For example, the same facility could have two or more files and would be labeled MI9876520140428-1of2.xva, MI9876520140428-2of2.xva, etc.

Even if you use the FTP site and save your file under your specific folder, you MUST accurately label your file according the MCSP Cancer Program Manual guidelines. ***Any files that are not accurately labeled will be rejected by the MCSP***.

Don't forget! Facilities submitting cases electronically are required to submit in the most recent version of the data exchange format and code structure as specified by NAACCR. Monthly submission of data is also preferred. For example, cases abstracted in June should be submitted to the MCSP on July 1.

For more information, please refer to "*Labeling Your Electronic Submission File*" on page 27 of the current MCSP Cancer Program Manual.

Coding of CIN III Cases ~

For these cases, histology is based on a pathology report text description that includes at least one of the following terms: "cervical intraepithelial neoplasia grade III (CIN III)," "HGSIL," "HSIL," or "severe dysplasia." Histology for any of these cervical neoplasia conditions is coded as 8077 with or without the term "carcinoma in situ."

Example: If the final diagnosis on the pathology report is "high grade squamous intraepithelial neoplasia (HGSIL)," code histology as 8077.
Do NOT code the histology in this instance as 8070.

For more information on these conditions, please refer to "Reportable Conditions for AIN III, CIN III, HSIL/HGSIL, VAIN III, VIN III" in the current MCSP Cancer Reporting Manual.

For Cervical Intraepithelial Neoplasia, Grade III, code Local Tumor Excision, Excisional Biopsy, Dilation and Curettage, Copy Biopsy with gross excision of lesion, LEEP and/or combinations of surgical procedures as defined in FORDS: Appendix B: Site-Specific Surgery Codes as first course of treatment. (*Note:* For invasive cancers, dilation and curettage is coded as an incision biopsy code 02 under the data item Surgical Diagnostic and Staging Procedure (NAACCR Item # 1350).

For non-invasive cancers, code Dilation and Curettage for in situ ONLY as code 25.

Example: If the first course of treatment for a non-invasive cancer is documented as LEEP, code the RX-Summ-Surgery Primary Site as 28.

Code an excision biopsy, even when documented as incisional, when:

- All disease is removed (margins free) OR
- All gross disease is removed and there is only microscopic residual at the margin
- Do NOT code an excision biopsy when there is macroscopic residual disease

The following is a guideline of appropriate coding values for CS and Treatment Fields for CIN III:

- CS Extension: 010 (Cervical intraepithelial neoplasia (CIN) Grade III)
  - Note: Only use CS Extension code 000 when histology is:
    - In situ, intraepithelial, noninvasive, pre-invasive: Cancer in situ WITH endocervical gland involvement
    - Histology not coded as 8077
- CS Size/Ext Eval: 3 (If surgical procedure is considered as first course of treatment for CIN III, code CS Size/Ext Eval as pathologic. For example, a LEEP procedure is considered as first course of treatment for CIN III)
  - If no surgical procedure was performed, assign appropriate CS Size/Ext Eval code
- Nodes: 000 (if cell behavior is 2 – in situ, follow the CS general rules and code nodes as negative)
- CS Lymph Nodes Eval: 0 (if assessment is other than clinical, use appropriate code)
- Regional Nodes Positive: 98 (if no nodes were examined)
- Regional Nodes Examined: 00 (if no nodes were examined)
- CS Mets @ Dx: 00
- CS Mets @ Dx Bone: 0
- CS Mets @ Dx Brain: 0
- CS Mets @ Dx Liver: 0
- CS Mets @ Dx Lung: 0
- CS Mets Eval: 0
- CS Site-Specific Factor: 987
  - Carcinoma in situ (intraepithelial, noninvasive, pre-invasive), Cervical intraepithelial neoplasia (CIN) Grade III
- Date First Course Treatment CoC: If surgical procedure was performed for first course of treatment, record the date in this field. If no surgical procedure was performed and/or information not known, select the appropriate value in the Date First Course Treatment CoC Flag field.
- Rx Summary Treatment Status: If surgical treatment performed, enter code '1 – treatment performed. If no treatment given, select appropriate value.
- Rx Date Surgery: Record date of surgical procedure when procedure is considered as first course of treatment for CIN III
- Rx Date Definitive Surgery: FirstRxDateCoC and RXDateDefSurg should be coded to the same date for surgical procedure (CIN III cases)
- Reason No Surgery: If surgical treatment was performed, use code 0
- Rx Summary Surgery Primary Site: If surgical treatment is considered as first course of treatment, record the site-specific surgery code. For more information on site specific surgery codes, refer to FORDS: Appendix B: Site-Specific Surgery Codes
- Reason No Radiation: 1
- Rx Summary Surg/Rad Sequence: 0

- Radiation Regional Rx Modality: 00
- RxDateSystmcFlag: 11
- RxSumTransEndo: 00
- RxDateChem Flag: 11
- RxSumChemo: 00
- RxDateHormFlag: 11
- RxSumHorm: 00
- RxSumSysSurgSeq: 0
- RxDateBRMFlag: 11
- RxSumBRM: 00
- RxDateOthFlag: 11
- RxSumOth: 0

Industry and Occupation ~

It has come to the attention of MCSP that some registrars are still including non-descriptive terms when recording Usual Occupation and/or Usual Industry. Descriptive terms such as such as "longest," "current," "previously," "prior history unknown, now working at," "last 5 years," "retired," "not applicable (N/A)," "disabled," etc. should be avoided when recording Usual Occupation and Usual Industry.

Accurately recording the usual (longest-held) occupation and industry of workers can reveal the national cancer burden by industry and occupation. Such information can also be used to help discover jobs that may have a high risk for cancer or other diseases and for which prevention efforts can be concentrated (or targeted). The coding instructions for recording Industry and Occupation are provided below.

Patient's Usual Occupation Prior to Retirement

Enter the usual occupation of the patient. "Usual Occupation" is the kind of work the patient did during most of his/her working life before retirement, e.g., claim adjuster, farm hand, coal miner, janitor, retail store manager, research chemist, civil engineer, college professor, teacher, registered nurse, etc.

Enter "student" if the patient was a student at the time of diagnosis and was never regularly employed.

This data item applies only to patients who are 14 years of age or older at the time of diagnosis.

If the Usual Occupation is not available or is unknown, record the patient's current or most recent occupation, or any available occupation.

Examples	Inadequate: "teacher"	Adequate: "preschool teacher," "high school teacher"
	Inadequate: "laborer"	Adequate: "residential bricklayer"
	Inadequate: "worked in a warehouse"	Adequate: "warehouse forklift operator"

Do NOT include descriptive terms with the Usual Occupation such as "longest," "current," "last 10 years," "not applicable (N/A)," "disabled," etc.

Do NOT use "retired." If the patient has retired from his or her usual occupation, the "usual occupation and business/industry" of the patient must be specified.

If the patient was never employed enter "never employed." If the usual occupation of the patient is unknown, enter "unknown."

If the patient was a homemaker at the time of diagnosis, but had worked outside the household during his or her working life, enter that occupation.

If the patient was a homemaker during most of his or her working life, and never worked outside the household, enter "homemaker."

Examples If patient worked only at home, record occupation and industry as:
Occupation: "homemaker"
Industry: "own home"
If patient worked at someone else's home for pay, then record:
Occupation: "housekeeper" (or "nurse," "babysitter," etc.)
Industry: "private home"

"Self-employed" by itself is incomplete. The kind of work must be determined. The entry for business/industry should include both the proper business/industry and the entry "self-employed."

Do NOT leave this data item blank.

Patient's Usual Industry Prior to Retirement
Record the primary type of activity carried on by the business/industry at the location where the patient was employed for the most number of years before diagnosis of this tumor. Enter the kind of business or industry to which the occupation in Item 15a was related, such as insurance, automobile, government, school, church, etc. Be sure to distinguish among "manufacturing," "wholesale," "retail," and "service" components of an industry that performs more than one of these components.

Examples		
	Inadequate: "automobile industry"	Adequate: "automobile manufacturing"
	Inadequate: "manufacturing"	Adequate: "automobile manufacturing"
	Inadequate: "fire department"	Adequate: "city fire department"

Do NOT include descriptive terms with the Usual Industry such as "longest," "current," "last 10 years," "not applicable (N/A)," "disabled," etc. Do NOT record "retired."

If the primary activity of the industry is unknown, record the name of the company (with city or town) in which the patient worked the most number of years before diagnosis.

If the patient was never employed, enter "never employed." If this information is unknown, enter "unknown." Do NOT leave this data item blank.

NOTE: For more information, refer to the A Cancer Registrar's Guide to Collecting Industry and Occupation to assist with coding this data item. The guide can be downloaded at http://www.cdc.gov/niosh/docs/2011-173/ and has been provided by CDC.

Blank CS Data Fields ~

MCSP has found that the following CS data fields are often submitted as blank fields:

- CS Lymph Nodes
- CS Lymph Nodes Eval
- CS Mets at DX
- CS Mets at DX – Bone, Brain, Liver, Lung
- CS Mets Eval

Abstracts must be submitted with appropriate case data or default values for ALL CS items. Please review MCSP Reporting Requirements by Item & Facility Type found on the MCSP web page. For more information on Collaborative Stage (CS) go to http://www.cancerstaging.org/cstage/Pages/default.aspx.

Text Fields Are Required for All Reporting Entities ~

Many facilities are not documenting supporting text to the level that is required by the state. As text documentation is an essential component of a complete electronic abstract and is utilized for quality control and special studies, text is needed to justify coded values and to document supplemental information not transmitted within the coded values.

Text documentation is **not just recommended**, **but is a required** component of the abstract, which justifies the codes selected AND allows for documentation of information that is not coded.

Since the purpose of text is to provide the opportunity for checking coded values, the text fields MUST contain a description of the disease process entered by the abstractor from review of the medical record and NOT from the generated electronically coded values.

Text fields CANNOT contain control characters (Note: Copying and pasting of text documentation from the electronic medical record and/or hospital record system might contain control characters. Issues with control characters are not identified during submission of data and instead during the central cancer registry case consolidation process.

When documenting supporting text, be as specific as possible. For example, in the Surgery Text Field record the date and the complete name of the surgical procedure. If multiple surgical procedures are performed, record the date and name of each surgical procedure.

The rationale behind supporting text documentation is that anyone should be able to print the free text and re-abstract the case **solely from the supporting text fields.**

If there is no information for a particular text field, do NOT leave the data item blank. Record "N/A," "None" or "Unknown" in the appropriate text field. This documentation confirms that information was searched for but no information exists.

Only NAACCR approved abbreviations should be utilized. Recommended abbreviations for Abstractors are included in Appendix G of the NAACCR Volume II Data Standards and Data Dictionary.

For more information on Text Documentation, refer to:
NAACCR Standards for Cancer Registries, Data Standards and Data Dictionary (Volume II) at http://www.naaccr.org/StandardsandRegistryOperations/VolumeII.aspx.

MCSP - Reporting Facility Contact Information Form~

We still need your help in updating facility contact information. If you have not completed and submitted a copy of new MCSP *Reporting Facility Contact Information Form*, or if there has been a change in personnel at your facility since a form was last submitted, it is important that you submit an updated form to ensure continued correspondence from the MCSP to the appropriate individuals at your facility. The contact information form is available on the MCSP web page.

Michigan Cancer Surveillance Program Web Page ~

To download this or previous issues of the MCSP Updates, Cancer Report Form, Cancer Program Manual, and other current Michigan cancer reporting documents, visit the MCSP web page at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

MCSP Staff ~

If you have any questions regarding cancer reporting, or would like more information about workshops, please feel free to give one of us a call.

Jetty Alverson	517.335.8855	alversong@michigan.gov
Brenda Bowen	517.335.9058	bowenb@michigan.gov
Stacey Coltrain	517.373.0758	coltrains@michigan.gov
Glenn Copeland	517.335.8677	copelandg@michigan.gov
Claudia Hardin	517.335.9967	hardinc@michigan.gov
Doug Koster	517.335.8348	kosterd@michigan.gov
Terry McTaggart	517.335.9624	mctaggartT1@michigan.gov
Elaine Snyder	517.335.8949	snydere@michigan.gov
Georgia Spivak	517.335.8702	spivakg@michigan.gov
Mary Stephens	517.335.9403	stephensm2@michigan.gov
Wendy Stinnett	517.335.8747	stinnettw@michigan.gov